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## THE RESPONSIBILITY OF THE TRAINED NURSE TO THE COMMUNITY.\*

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THE responsibility of the trained nurse to the community is a matter that must touch each of us, composing as we do the community. This responsibility is real and is great. It is admitted beyond a doubt that a good condition of public health is a nation's best asset. The necessity for the betterment and maintenance of the standard of public health has become startlingly apparent in the last decade. When a nation feels in its heart the need for some great movement, that need finds its tangible expression in the prominence of a few leaders—individuals that have felt the throbbing pulse and, correctly interpreting its meaning, have set themselves to the work of meeting the requirement. Thus we have, in the past ten years, seen the establishment of the National Association for the Study and Prevention of Tuberculosis, of kindred state and county societies; we have seen here in the south the progress of the fight against hook-worm and pellagra, we have seen medical, sociological, and philanthropic agitations for the improvement of the mode of life among factory and mill workers, we have seen the development of a systematic form of district nursing, we have seen the establishment of various laboratories for research work, culminating in that pinnacle of modern institutions for investigation: the Rockefeller Institute in New York. And why is it that all this has taken place in the 20th century, as yet not a decade along? It is because we of the United States realize that on the health and longevity of our citizens depends the welfare—mental, moral, and physical—of the nation.

The present era is one of precision in diagnosis, of new and fulsome methods for the treatment and cure of disease, but more than this, it is essentially an era of prophylaxis; of preventive medicine. The martyrdom of Dr. Lazear to yellow fever, the monumental work of Dr. Gorgas in rendering the canal zone habitable for the white man and thus ensuring the completion of the Panama Canal, the ultimate object of the societies and associations heretofore mentioned, give eloquent testimony to the importance of the goal of prevention and to the zeal with which it is being sought.

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The physician is, in the very nature of things, the one to take the lead in the work of investigation and research tending to the betterment of public health, to the prevention of illness, and to the protection of healthy individuals from existing diseases. Certain general laws to be followed in all diseases have been laid down, certain specific laws applicable in specific diseases have also been accepted. Some of these laws are national in scope; others have a state-wide range; by far the great majority relate to the care of the individual that is ill, to protect him from further infection and, still more, to afford safety to his family, his neighbors, and his community.

While the physician gives directions both as to preventive and curative measures, the trained nurse is the one that carries out instructions. She it is that has to go to endless pains and trouble to see that disinfection is thorough, quarantine efficient, isolation absolute. She it is that, in addition to the care and attention given to her patient, must see that his family carries out the general directions for its protection and for that of those with whom they come in contact. That the trained nurse does this and does this well none can doubt who have been so fortunate from the standpoint of the physician, or so unfortunate from the standpoint of the patient and family, as to have frequent opportunity to see and study her work. The work of physician and nurse is always co-operative—if their relation cannot be such from start to finish, let it never be established. The trained nurse never could have existed had it not been for the physician; but, having once come into the sphere of his professional life, she has assumed such a position, has filled such a void, and comprehends such usefulness, that now the physician cannot practise his calling to the best of his ability and with full justice to his patients and to himself without the trained nurse. From humble origin, looked at askance, often treated with scorn and contempt, she has in the last quarter century by her own efforts, by the personnel of those of her calling, by her repeatedly well-proven ability, risen to a position of honor, of respect, of admiration among men and women; to a position of trust and of necessity in the community.

This position of trust also carries with it one of responsibility. How many people realize that if the nurse in charge of a case of typhoid be not scrupulously careful and thorough in her methods of disinfection, scores may fall victims to the disease? And how many stop to think that if the nurse does not see to absolute quarantine in scarlet fever, an epidemic with loss of many lives may result? Does the laity fully understand that the details, upon the faithful execution of which their health and that of their loved ones depends, are, in most cases, the work of the

trained nurse? Does it fully understand what havoc a lapse on her part may bring about? I fear not. And does it not frequently give too much credit to the physician and not enough to the nurse? I fear so.

The trained nurse has a twofold duty and responsibility. First, a duty and responsibility toward her patient, and second, a duty and responsibility toward the community. She plays also a twofold rôle—that of one ministering to the needs of the sick man, and that of an educator to his family and neighbors. Of her duty to her patient and of her care of him as an individual, we shall say nothing. It is not our intention to delve into the practical side of nursing the sick, nor to give advice as to certain psychic influences that, emanating from the nurse, play so important a part in the patient's morale—but we do wish to emphasize the duty and responsibility of the trained nurse to the community, and her rôle as an educator.

Does every nurse realize the enormous task on her shoulders when nursing an acute infectious contagious disease? Does she realize that nine times out of ten she is the one responsible for its spread or its restriction? Does she realize that potentially indeed, but none the less actually, the health and perhaps the lives of many are in the hollow of her hand? I believe the vast majority of trained nurses of to-day have grasped these facts, yet it is well from time to time to impress them anew. It may be—I say it with shame—it may be that in a case of typhoid, or scarlet fever, or diphtheria, the attending physician will not give minute details as to modes of disinfection and methods of quarantine. Shall the nurse then hesitate to carry out preventive measures because not so instructed? Indeed no. Proper preventive measures should be instituted as a matter of course—without instruction—even without question. The physician, if delinquent, will at once see his fault, and will be grateful to the valuable supplementary action of his nurse. It will raise her in his estimation, and will show him that she is not simply one that carries out orders, but an individuality aiding him in all ways toward the resumption and preservation of health. A nurse who discards thorough and never-relaxing disinfection in typhoid, or who slights absolute quarantine in scarlet fever is, to my mind, committing a far greater offense than one who neglects to give a dose of medicine at the appointed hour or fails to chart a temperature and pulse observation. Prevention is worth pounds and pounds of cure, and in many ways a sin of omission is greater than one of commission.

Again, in the broadest and finest sense of the word, the duty of the trained nurse does not end when her patient is made comfortable, all orders carried out, all mandates executed. She comes much as the go-

between separating the laity from the physician. The former, usually very ignorant of the simple laws of health, feels far removed, in all matters not immediately concerned with the illness of the patient, from the latter, with whom the preservation and restoration of health is a life-work. The trained nurse is in no sense a physician; neither is she in any way a layman—she bridges the gap. The physician sees the patient and family but for a short period of time daily—indeed often not daily; he has then the immediate needs of the patient before him, and those alone. The trained nurse is spending her entire time in the household, and soon discovers wherein it is at fault in its physical and hygienic regulations. Here is where her power as an educator makes itself felt. To be sure, she must not be pedantic or didactic: she must not appear to take upon her shoulders the burden of setting the family straight; such rough-shod methods will meet with but a cold reception: but with infinite tact and patience (the trained nurse without both of these qualities highly developed has missed her calling) she must make her influence felt and its results apparent. In the upper classes such an educational campaign will but rarely be needed—though many seem woefully ignorant as to the value of free ventilation and the harmlessness of night air (which latter, being the only air we have at night, might just as well be used), but the bulk of our people is composed of the middle and lower classes, and among them it is that suggestions will be most fruitful. In all the attempts at improving hygienic conditions, the great cry has been for individual attention. The beneficent society, whatever it be, appoints committees, drafts resolutions, scatters broadcast free literature, but all know that the ground-work of progress must be personal contact between those in a position to instruct and those needing instruction. The trained nurse occupies such a position by the very nature of her calling. The utilization of her opportunities forms one of the finest chapters in the glorious volume of her work, and, if practised systematically, will spread abroad much-needed knowledge with greatly beneficial results to the community.

And finally, does not this whole subject narrow itself down to the plane of the ideals of the trained nurse's profession? Looked at from a stultified viewpoint she is to take care of the patient allotted to her; doing all that is needful for him that he shall be closely watched, made comfortable, and protected from untoward influences. Well and good—but this is piece-work—one patient, one responsibility, one duty. There is something far nobler and far grander in the life of the trained nurse. Her patient is the immediate preoccupation, but behind, before, and beyond, is her duty to humanity—"the law of higher life is fulfilled only

by love"—her duty to all those that come within her sphere; the power to protect the innocent, to spread knowledge among the ignorant, to pave the way for the betterment and maintenance of health. All these great gifts are hers to distribute. She knows them, she has them, let her give them gladly and freely, continuing to prove herself as she has in the past, more than worthy of the trust and responsibility vested in her, showing herself by her humanitarianism, by her womanliness, by her works, one of the foremost national bulwarks of the twentieth century.

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### A FEW SUGGESTIONS FOR A PATIENT'S LIBRARY.

THE following is a list of the volumes contained in the Henry Phipps Library in one of the wards of the Manhattan State Hospital. The asterisks show which books are most frequently taken out. It is suggested that bookcases should be open and free for the use of the patients, and that a close observation by nurses of the choices made would enable the building up eventually of typical collections of books for different groups of patients.

Fiction, including Juvenile Books: \*Alcott, *Little Women*; Aldrich, *Story of a Bad Boy*; Allen, *A Kentucky Cardinal*; Beard, *American Girls, Recreation, What a Girl Can Make*; Brown, *Rab and His Friends*; Bunner, *Short Sixes*; \*Burnett, *Little Lord Fauntleroy*; Butler, *Pigs is Pigs*; Conner, *The Sky Pilot*; Crawford, *A Roman Singer*; Curtis, *Prue and I*; \*Defoe, *Robinson Crusoe*; Deland, *Old Chester Tales*; Doyle, *Micah Clarke, The White Company*; Eggleston, *The Hoosier Schoolmaster*; Hale, *The Peterkin Papers*; Hall, *Aunt Jane of Kentucky*; Harris, *Uncle Remus*; Harte, *Tales*; Hawthorne, *A Wonder Book*; Henry, *Four Million*; Jacobs, *Many Cargoes, Dialston Lane*; \*\*Jerome, *Three Men in a Boat*; \*Kelly, *Little Citizens*; Kipling, *Captains Courageous*; Mitchell, *Hugh Wynne*; Ollivant, *Bob, Son of Battle*; Pyle, *Robin Hood*; \*\*\*Rice, *Lovey Mary*; Scott, *Ivanhoe, The Talisman*; \*Shute, *Real Diary of a Real Boy*; Stevenson, *St. Ives*; Stewart, *Partners of Providence*; Tarkington, *Mons. Beaucaire*; Twain, *Huckleberry Finn, Tom Sawyer*; Warner, *The Wide Wide World*; Westcott, *David Harum*; Weyman, *A Gentleman of France*; Wiggin, *The Birds' Christmas Carol, Rebecca of Sunnybrook Farm*.

History, Biography, Travel, etc.: Brooks, *Life of Lincoln*; Carey, *Good Women*; Davis, *From a Car Window*; Farmer, *Famous Queens*; \*Fiske, *History of the United States*; \*Gulick, *The Efficient Life, Mind*